(Date signed)

Attorney's Docket No. 002240.P048  ASSISTANT COMMISSIONER FOR PATENTS Washington, D.C. 20231  SIR: Transmitted herewith for filling is the nonprovisional patent application of Inventor(s): Peter L. Froeberg  For: EXTENSIBLE GPS RECEIVER SYSTEM  [Title]  Enclosed are: (Title)  Enclosed Assignment of the invention to X Assignment of the invention to X Assignment Cover Sheet Form PTO-1595.  X AD Declaration and Power of Attorney ( X signed/ unsigned).  A Verified Statement to establish Small Entity Status under 37 C.F.R. §§ 1.9 and 1.27.  Power of Attorney  The Filling Fee has been calculated as shown below:  (Col. 1) (Col. 2) SMALL ENTITY  For: No. Filed No. Extra  Basic Fee: \$395  Total Claims: 13 - 20 * 0	•			1	ı							
ASSISTANT COMMISSIONER FOR PATENTS Washington, D.C. 20231  SIR: Transmitted herewith for filing is the nonprovisional patent application of Inventor(s):  Peter L. Froeberg  For: EXTENSIBLE GPS RECEIVER SYSTEM  Enclosed are:  X	Atto	rney's Do	ocket	No. <u>002240</u>	. <u>P048</u>	· · · -	_			<u>Patent</u>		
Inventor(s): Peter L. Froeberg  For: EXTENSIBLE GPS RECEIVER SYSTEM  Enclosed are: (Title)  Enclosed are: X												
For: EXTENSIBLE GPS RECEIVER SYSTEM    Continue	SIR	SIR: Transmitted herewith for filing is the nonprovisional patent application of										
Enclosed are:  X Twelve (12) sheet(s) of Drawings.  X An Assignment of the invention to	inve	entor(s):	<u></u> F	eter L. Froeb	erg				*			
Enclosed are:  X	For:	:	E	(TENSIBLE G	PS RE	ECEIVER S	YSTEN	1				
X	_		_					(Title)	<del></del>			
X An Assignment of the invention to X Assignment Cover Sheet Form PTO-1595. X A Declaration and Power of Attorney (_X signed/ unsigned). A Verified Statement to establish Small Entity Status under 37 C.F.R. §§ 1.9 and 1.27. X Power of Attorney  The Filing Fee has been calculated as shown below:  (Col. 1) (Col. 2) SMALL ENTITY For: No. Filed No. Extra  Basic Fee:  Basic Fee:  13 - 20 * 0	Enc			welve (12)		sheet(s	s) of Dr	awings.				
A Declaration and Power of Attorney (_Xsigned/unsigned).  A Verified Statement to establish Small Entity Status under 37 C.F.R. §§ 1.9 and 1.27.  Power of Attorney  The Filing Fee has been calculated as shown below:  (Col. 1) (Col. 2) SMALL ENTITY  For: No. Filed No. Extra  Basic Fee: \$ 395  Total Claims: 13 -20 * 0	_		An As	ssignment of t	he inv	ention to _						
A Verified Statement to establish Small Entity Status under 37 C.F.R. §§ 1.9 and 1.27.  Power of Attorney  The Filing Fee has been calculated as shown below:  (Col. 1) (Col. 2) SMALL ENTITY  For: No. Filed No. Extra  Basic Fee: \$395  Total Claims: 13 - 20 * 0 x 11 \$x22 \$0  Indep. Claims: 3 - 3 * 0 x 41 \$x22 \$0  Indep. Claims: 3 - 3 * 0 x 41 \$x41 \$x41 \$x42 \$x42 \$x41 \$x41 \$x41 \$x41 \$x41 \$x41 \$x41 \$x41									od/ .	uncianod)		
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Col. 1)	The	Filing Fe	e has	s been calcula	ated as	s shown be	low:					
For:         No. Filed         No. Extra         Rate         Fee           Basic Fee:         \$ 395         \$ 790           Total Claims:         13 - 20 * 0         x 11 \$ x22 \$ 0           Indep. Claims:         3 - 3 * 0         x 41 \$ x82 \$ 0           Multiple Dependent Claim(s) Presented         +135 \$ TOTAL \$ TOTAL \$ 790           * If the difference is less than zero, enter "0" in Col. 2.         TOTAL \$ TOTAL \$ 790				(Col. 1)		(Col. 2)		SMAL	L ENTITY			
Basic Fee:       \$ 395       \$ 790         Total Claims:       13 - 20 * 0       x 11 \$ x 22 \$ 0         Indep. Claims:       3 - 3 * 0       x 41 \$ x 82 \$ 0         Multiple Dependent Claim(s) Presented       +135 \$ TOTAL \$ TOTAL \$ 790         * If the difference is less than zero, enter "0" in Col. 2.       TOTAL \$ TOTAL \$ 790	For:											
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* If the difference is less than zero, enter "0" in Col. 2.  * A check for \$ 790.00 for the filing fee is enclosed.												
* If the difference is less than zero, enter "0" in Col. 2.  TOTAL \$ TOTAL \$ 790  X A check for \$ 790.00 for the filing fee is enclosed.	inde					<u> </u>	<del>-</del>					
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Date of Deposit: 1) 13 97  I hereby certify that I am causing this paper or fee to be deposited with the United States Postal Service "Expri	Mail	Post Off	ice to	· Addressee" :	service	e on the da	te indic	ated abo	ve and that	this paper or fee has been addre		
Date of Deposit:  I hereby certify that I am causing this paper or fee to be deposited with the United States Postal Service "Expression Mail Post Office to Addressee" service on the date indicated above and that this paper or fee has been addressed.			72	UNIFER	<u>c.                                    </u>	PASK		, D. C. Z	.0231			
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following fees associated with the Deposit Account No. <u>02-2666.</u> <u>X</u> Any additiona	rademarks is hereby authorized to charge payment of the nis communication, or credit any overpayment, to our <b>A duplicate copy of this sheet is enclosed.</b> al filing fees required under 37 C.F.R. § 1.16. oplication processing fees under 37 C.F.R. § 1.17.				
following fees during the pendency of this app Deposit Account No. <u>02-2666.</u> X Any processi fees.	rademarks is hereby authorized to charge payment of the olication, or credit any overpayment, to our  A duplicate copy of this sheet is enclosed.  In grees under 37 C.F.R. § 1.17, including any extension is under 37 C.F.R. § 1.16 for presentation of extra claims.				
ZAFMAN LLP, 12400 Wilshire I	dersigned at BLAKELY, SOKOLOFF, TAYLOR & Boulevard, Seventh Floor, Los Angeles, California 90025 the undersigned at (408) 720-8598.				
	Respectfully submitted,				
	BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP				
Date:	By Maria McCormark Arburno  Maria McCormack Sobrino				
12400 Wilshire Boulevard Seventh Floor Los Angeles, California 90025 (408) 720-8598	Reg. No.:31,639				